

SPECIAL EVENTS VOLUNTEER APPLICATION

Event Name: _____ Event Date: _____

Event location: _____

Name: _____

Email: _____

Phone #: (_____) _____

School: _____ Grade: _____

Groups/Clubs: _____

Recommendation letter from a teacher is REQUIRED for 10th grade and below

PARENT/GUARDIAN INFORMATION FOR MINORS 17 & UNDER

Parent Name: _____

Parent Phone Number: _____

Parent E-mail Address: _____

Supervisor Signature _____

